

CITY OF DUNWOODY ALCOHOL LICENSE RENEWAL – 2010

Business Name: _____ **Account/Permit Number:** _____
Business Address: _____
City, State, Zip: _____

Licensee Information: The Licensee on file with our office must be the person to sign the renewal form. Do not complete this renewal form if there has been a change of Licensee or Ownership. Please contact the Business License Office.

Licensee Full Name: _____ Social Security No. _____

Licensee Home Address: _____ City – State – Zip _____

Home Phone No. _____ Bus. Phone No. _____ Date of Birth _____

License Fee:

(Check the types of Alcohol Licenses, and add Fees due.)

| <u>License(s)</u> | <u>Annual Fee(s)</u> | <u>Administration Fee(s)</u> | <u>License Fee Due</u> |
|--|----------------------|-------------------------------|------------------------|
| () Beer, Wine, Liquor, Sunday Sales | \$6,000.00 | \$300.00 | _____ |
| () Beer Only | \$ 600.00 | \$100.00 | _____ |
| () Wine Only | \$ 600.00 | \$100.00 | _____ |
| () Beer & Wine Combination | \$ 900.00 | \$100.00 | _____ |
| () Liquor – Package or C.O.P. | \$4,000.00 | \$200.00 | _____ |
| () Sunday Sales | \$1,100.00 | \$100(B/W) and/or \$200 (Liq) | _____ |
| () Additional Fixed Bar(s) #_____ x | \$ 600.00 each | | _____ |
| () Additional Movable Bar(s) #_____ x | \$ 300.00 each | | _____ |
| () Wholesaler/Importer - Beer | \$ 600.00 | \$100.00 | _____ |
| () Wholesaler/Importer - Wine | \$ 600.00 | \$100.00 | _____ |
| () Wholesaler/Importer - Liquor | \$4,000.00 | \$200.00 | _____ |
| () Fraternal Org. – Beer and/or Wine | \$ 500.00 | \$100.00 | _____ |
| () Fraternal Org. – Liquor | \$1,000.00 | \$200.00 | _____ |
| Subtotal Due: | | | _____ |

Renewals Postmarked After November 30th will be charged Eleven Percent (11%) penalty and interest.

Penalty (10% x Subtotal Due) _____

Interest (1% x Subtotal Due) _____

Total Due: (Subtotal Due + Penalty + Interest) _____

Make payment payable to City of Dunwoody

Type of Ownership: () Single Owner () Partnership () Association () Corporation

If a corporation: Corporate Name _____ State Inc. _____ Date Inc. _____

| Name (Corp. Officers/Partners) | Home Address | City-State-Zip | % of Ownership | Social Security # |
|---------------------------------------|---------------------|-----------------------|-----------------------|--------------------------|
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CITY OF DUNWOODY ALCOHOL LICENSE RENEWAL – 2010



Finance & Administration Department
41 Perimeter Center East, Suite 250
Dunwoody, GA 30346
678.382.6700
Fax 770.396.4705

Arrest Record: Has the licensee, registered agent, a partner, or any other person having a financial interest in this business been arrested, indicted, or convicted for offense by any City, County, State, Federal Officer or any Governmental Authority within the last ten (10) years? Yes _____ No _____ If yes, please give full details on the back.

This is to certify that no change has taken place with respect to the operation of the above named business affecting its ownership as stated in the previous application. I certify and affirm that I have read the City of Dunwoody Alcohol Beverage Ordinance (Chapter 4) and that I am in accordance with the ordinance. The answers to all questions in the previous applications about the above named business are correct and remain unchanged. Additionally I certify to compliance to the City of Dunwoody and the State of Georgia laws governing the above named business. All sections of the application have been answered fully and correctly.

Applicant and Licensee's Signature

Date

This _____ day of _____, 20____.

Notary Public's Signature and Seal

Your renewal application(s) and payment must be received by November 30th to avoid penalty and interest charges of eleven percent (11%). Incomplete renewals will be returned to you to be completed. No renewals are accepted after December 31st.

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CITY OF DUNWOODY SUNDAY SALES APPLICATION

Name of Business: _____

Business Address: _____

This affidavit must be fully completed, signed by licensee and notarized. Renewals are due by November 30th for the next calendar year. Renewals submitted after November 30 will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent per month or fraction of a month. **The annual license fee is \$1100.00.** New applicants will pay a pro-rated license fee which includes the month of application, plus the remaining months in the calendar year.

| | | | | | | |
|-------------|---|--------------|---|------------------|------|------------|
| _____ | + | _____ | + | _____ | = \$ | _____ |
| License Fee | | 10 % Penalty | | Interest Charges | | Amount Due |

The following information must be provided for the last twelve months that the business was open. If the business has been open less than twelve (12) months, please provide actual sales for time open.

1. Period for which information is provided. _____
2. Gross receipts/sales from food and food service. \$ _____ = (____) %
3. Gross receipts/sales from beer, wine and/or liquor. \$ _____ = (____) %
4. Total of food and beverage sales (lines 2 & 3) for this period. \$ _____ = (100%)

Briefly describe how the sales are totaled or divided into the food and beverage service amounts:

I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. **I hereby affirm** in accordance with City of Dunwoody Alcohol Beverage (Chapter 4) Ordinance and 2008-11-08; 2008-11-13; 2008-12-22; 2008-12-30; 2008-12-39; 2009-06-35; 2009-08-39; 2009-09-43 **that at least 60% of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sale of food and food products.** I further affirm that City of Dunwoody may request an audit, at any time, at the licensee's expense to verify these figures.

THIS FORM MUST BE FULLY COMPLETED, SIGNED AND NOTARIZED. INCOMPLETE FORMS WILL BE RETURNED TO YOU.

Name of Preparer (please print or type)

Name of Licensee (please print or type)

Signature of Preparer

Signature of Licensee

Date

Sworn under oath on this _____ - _____ - _____
Month Day Year Notary Signature and Seal

Return the original application with payment for the exact amount due to:
City of Dunwoody, 41 Perimeter Center East, Ste 250, Dunwoody, GA 30346

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Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Dunwoody, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Dunwoody license/permit for _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date: _____

Printed Name: _____

*Alien Registration number for non-citizens _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

Notary Public: _____

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien”, legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:
